

**CITIZEN COMPLAINT FORM**

**MONTEREY COUNTY GRAND JURY**

**P.O. BOX 414**

**SALINAS, CA 93902**

**ALL COMPLAINTS SUBMITTED TO THE GRAND JURY ARE STRICTLY CONFIDENTIAL.**

COMPLAINANT:

\_\_\_\_\_  
Print Your Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone

COMPLAINT IS MADE REGARDING THE FOLLOWING PERSON OR AGENCY:

\_\_\_\_\_  
Name of Person/Agency

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone

NATURE OF COMPLAINT:

Briefly describe the circumstance(s) which have caused you to enter this Citizen Complaint to the Grand Jury. If necessary, you may attach a separate page(s) to fully describe the sequence of events and/or documentation concerning your complaint.

ACTION TAKEN:

Briefly describe what action has been taken, if any, with respect to the facts described in this complaint.

ACTION REQUESTED:

Briefly describe the specific action you are suggesting the Grand Jury perform.

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**COMPLAINANT CONTACTS:**

List the person(s)/agency(s) you have contacted concerning your complaint.

Person/Agency

Address

Date of Contact

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**GRAND JURY CONTACTS:**

List the person(s)/agency(s) you propose the Grand Jury contact concerning your complaint.

Person or Agency

Address

Telephone

PLEASE NOTE: Your signature below is not necessary, but for the Grand Jury to process your complaint without undue delay, your signature is requested. If the complaint is unsigned, the complainant must realize that the Grand Jury cannot request further information from the complainant to assist them in their investigations.

**DECLARATION:**

THE INFORMATION PRESENTED IN THIS COMPLAINT FORM IS TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DATE: \_\_\_\_\_

\_\_\_\_\_  
COMPLAINANT'S SIGNATURE

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